Verification – Emission Reduction Credits
Agricultural Biomass to Energy Program

Submit Completed Form To: **Attn: Tony Gonçalves**
California Energy Commission
AgBio Program
1516 Ninth Street, MS-45
Sacramento, CA 95814-5512

Facility ID: **SB704 -**	Facility Name and Address:

Air District:

Air District Contact Person / Title:

Telephone:	Telefax:

Select one below

❑ Except as noted below, no supplier of qualified agricultural biomass receives banked emission reduction credits pursuant to Health and Safety Code section 40709 for any qualified agricultural biomass produced in the Air District noted above and delivered to the facility during the period of July 1, 2003, through June 30, 2004.   (Attach additional pages if necessary)

Suppliers Receiving Banked Emission Reduction Credits

_____   _____

_____   _____

❑ The above noted facility has provided the Air District with a list of all suppliers providing qualified agricultural biomass to the facility which is produced in the Air District and delivered to the facility during the period of July 1, 2003, through June 30, 2004. The Air District has reviewed this list of suppliers and determined that none of these suppliers receive banked emission reduction credits from the Air District pursuant to Health and Safety Code section 40709 for any qualified agricultural biomass produced in the Air District and delivered to the facility during the period July 1, 2003, through June 30, 2004.

VERIFICATION

I, (print name and title) _____,
as an authorized representative of the above noted Air District, hereby verify that the information provided in this form is true and correct to the best of my knowledge. This verification was prepared pursuant to the California Energy Commission's *Agricultural Biomass to Energy Program Guidebook* **to assist the above noted facility to qualify for incentive payments from the Agricultural Biomass to Energy Program.**

Dated this _____ day of _____, 20 _____,
                    (day)   (month)   (year)

at _____.
                    (place of execution)

Signature:
                    _____

Note: All data submitted on this form is subject to public disclosure